



15992 U.S. PTO



Elkhart Area Site

December 16, 2003

Bayer Corporation
1884 Miles Avenue
P.O. Box 40
Elkhart, IN 46515-0040

Hon. Commissioner of Patents
& Trademarks
Box: Patent Application
Washington, DC 20231

PATENT

17548 U.S. PTO
10/750270



RE: Application for U.S. Letters Patent covering the

Invention of: Marvin A. Genshaw

Entitled: CALIBRATION DATA ENTRY SYSTEM
FOR A TEST INSTRUMENT

Docket No.: MSE #2672

Sir:

Transmitted herewith for filing is an application for U.S. Letters Patent above identified. This application includes the following:

- ☒ 22 Pages of specification, including claims and abstract
- ☒ 4 Sheets of drawing (in triplicate)
- ☒ An assignment of the invention to Bayer Healthcare LLC (and cover sheet)
- ☐ A certified copy of a _____ application
- ☒ Declaration, power of attorney and petition
- ☐ Information disclosure statement

CLAIMS AS FILED

Independent ClaimsTOTAL (A) 3

Dependent Claims

Dependent on one claim	<u>43</u>	x	1	=	<u>43</u>
Dependent on two claims	<u> </u>	x	2	=	<u> </u>
Dependent on three claims	<u> </u>	x	3	=	<u> </u>
Dependent on four claims	<u> </u>	x	4	=	<u> </u>
Dependent on five claims	<u> </u>	x	5	=	<u> </u>
Dependent on <u> </u> claims	<u> </u>	x	<u> </u>	=	<u> </u>
Dependent on <u> </u> claims	<u> </u>	x	<u> </u>	=	<u> </u>
Dependent on <u> </u> claims	<u> </u>	x	<u> </u>	=	<u> </u>

TOTAL (B) 43

FEE CALCULATION

Total (A) = 3 - 3 = 0 x \$86.00 = \$ -0-

Total (A) + (B) = 46 - 20 = 26 x \$18.00 = \$ 468.00

Basic fee = \$ 770.00

Fee for filing multiple dependent claims (\$290.00)= \$ 1,202.00

Total filing fee = \$ 1,238.00

Assignment recordal fee = \$ 40.00

Check enclosed for the total amount calculated = \$ 1,278.00

The Commissioner is hereby authorized to treat any concurrent or future reply, requiring a petition for an extension of time under 37 CFR 1.136 for its timely submission, as incorporating, a petition for extension of time for the appropriate length of time and to charge all additional fees, including fees under 37 CFR 1.17, which may be required, or credit any overpayment to Account No. 13-3375. A duplicate copy of this sheet is enclosed.


ATTENTION MAIL ROOM:

If for any reason this application is found to be incomplete, please advise by collect telephone call to Area Code (574) 264-8394.

Kindly acknowledge receipt of this application by returning the stamped, self-addressed post card enclosed herewith.

Respectfully submitted,

BAYER HEALTHCARE LLC



Elizabeth A. Levy
Attorney for Applicant
Reg. No. 34,375
P. O. Box 40
1884 Miles Avenue
Elkhart, IN 46515-0040
508/359-3876

/jr
JLJ69203

Enclosures

5. Name and address of party to whom correspondence concerning the assignment document(s) should be mailed:

Elizabeth A. Levy, Esq.
Bayer Healthcare LLC
P. O. Box 40
Elkhart, IN 46515-0040 USA

6. Total number of applications and patents involved: One (1)

7. Total Fee (\$40.00 per application or patent) \$40.00

☒ Fee included in filing fee check enclosed with application.

☐ Check enclosed.

☐ Charge to Deposit Account No. 13-3375.

8. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 13-3375. A duplicate copy of this sheet is enclosed.

9. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Total number of pages, including cover letter and attachments: Four (4)

Respectfully submitted,



Elizabeth A. Levy
Attorney for Applicant
Reg. No. 34,375
Telephone: 508/359-3876
Facsimile: 508/359-3885

Bayer Healthcare LLC
P. O. Box 40
Elkhart, IN 46515-0040 USA

Dec 18, 2003

Date

/jlr
JLJ69303

Enclosures